

# Adolescent perinatal depression: a neglected public health issue

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# Outline

- Adolescent pregnancy
  - The scale and consequences
- Perinatal depression in adolescents
  - Occurrence and impact
  - Differences between adolescents and adults with perinatal depression
- Health system response to this particular gender and age-related issue
- The project: *Responding to the challenge of adolescent perinatal depression (RAPiD)*



# Pregnancy among adolescents

- A global health issue
  - WHO estimates 11% of all births are to girls aged 15-19 years
  - The World Bank estimates global average of 44 births per 1000 girls (ranging from 1 – 201 across countries)
- Problem is more pressing in low- and middle-income countries
  - The highest rates are in sub-Saharan African countries
  - In Nigeria for example
    - About 30% of women have had a live birth before age 18
    - The birth rate is 109 per 1000 adolescents



# Perinatal depression is common among adolescents

- Perinatal depression: non-psychotic episode of depression often begins during pregnancy and extends into the postnatal period
- Studies suggest:
  - Self-reported depression in perinatal adolescents may range from 8% to 47%, depending on the period of evaluation
  - Clinician-administered structured interviews have found rates of major depression of between 16% and 26% depending on the perinatal period



# ..associated with poorer outcomes

- Perinatal depression in adolescent is a risk factor for:
  - Pre-term birth and low birth weight
  - Increased risk of further unplanned pregnancy
  - Use of aggressive parenting behaviours
  - Growth and developmental delays in their infants
  - Higher levels of psychopathology in children

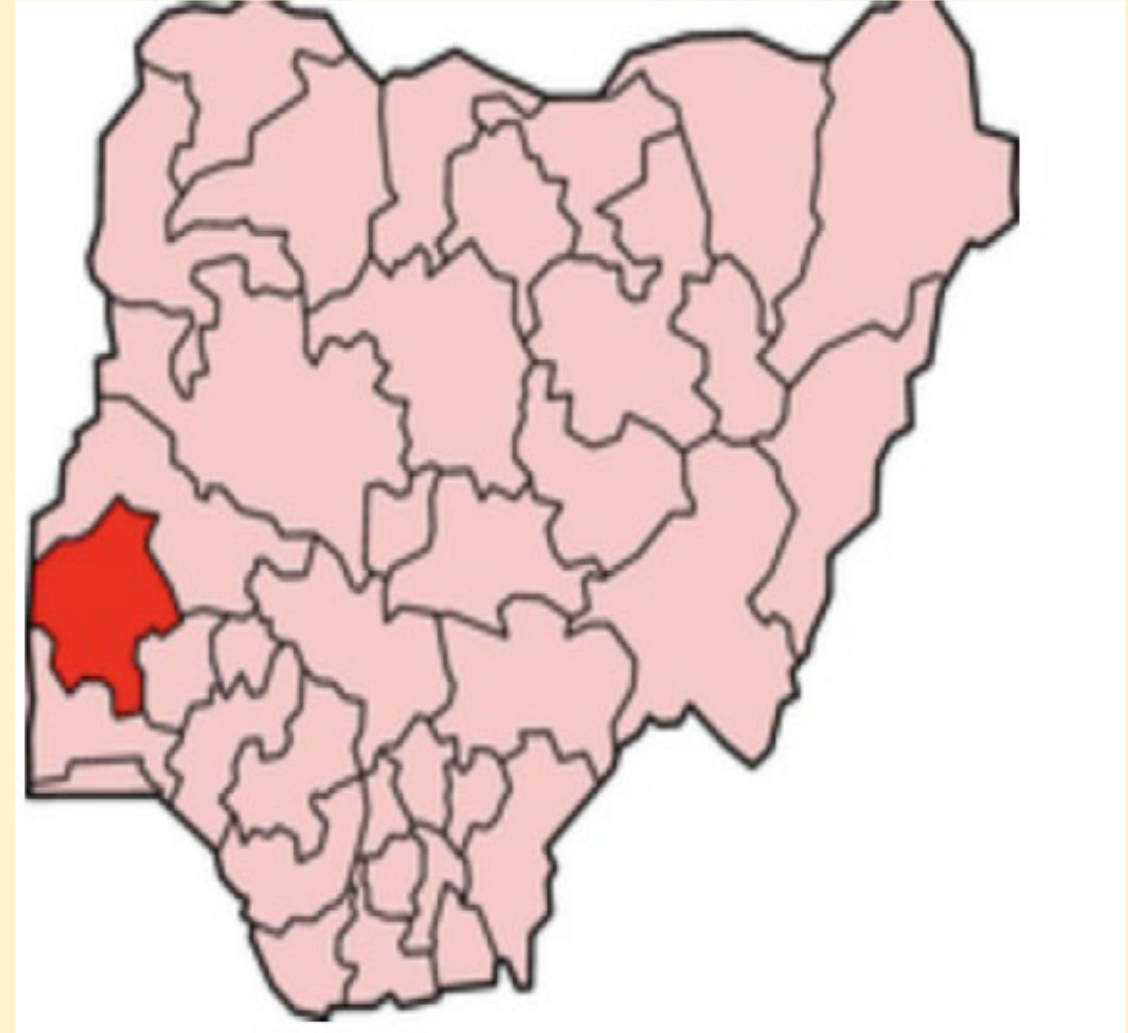


Using data from a recently conducted randomized controlled trial....

We sought to address the questions:

- How different are adolescents and adults with perinatal depression in regard to the impact of the condition
- Are there differences in outcomes between the two groups of mothers and their infants when offered the same interventions?

Do interventions that work in adults with perinatal depression also work in adolescents







# The randomized controlled trial...

*Expanding care for perinatal women with depression (EXPONATE)*

- We compared a low-intensity with a high-intensity psychological treatment delivered by primary maternal care providers
- Participants were entered into the trial during pregnancy and followed up until 6 months postnatal

High- versus low-intensity interventions for perinatal depression delivered by non-specialist primary maternal care providers in Nigeria: cluster randomised controlled trial (the EXPONATE trial)

Oye Gureje, Bibilola D. Oladeji, Alan A. Montgomery, Ricardo Araya, Toyin Bello, Dan Chisholm, Danielle Groleau, Laurence J. Kirmayer, Lola Kola, Lydia B. Olley, Wei Tan and Phyllis Zelkowitz

[Hyperlink to the study](#)



## Adolescents in the EXPONATE trial

Total screened sample: 9353

- Adolescents (aged 16 – 19 years):  
772 (8.3%)

Total with DSM-IV moderate to  
severe depression: 727

- Adolescents: 137 (18.8%)





# We found ...

- Rate of perinatal depression much higher among adolescents compared to adults
  - 17.7% vs. 6.9%
- Compared to adults, adolescents with perinatal depression
  - Were less likely to comply with prescribed treatments
  - Were more likely to have undernourished infants at 6 months postnatal
  - Had **persisting deficits in parenting skills** even when depression had remitted at 6 months postnatal



So, it would appear that what works for adults with perinatal depression may not be adequate for adolescents

Suggesting that health systems need to be responsive to the peculiar needs of depressed adolescent mothers beyond what is provided to adults...



# Evidence for treatment effectiveness is sparse

- Studies examining the effectiveness of interventions delivered to adolescents with perinatal depression are extremely few
- No reported studies are known to us from low- and middle-income countries



# What is needed to fill the gap...

- An intervention package that is:
  - Age appropriate
  - Gender sensitive
  - Mainly psychological in content
    - There is mixed evidence about the risk of antidepressant for preterm birth
    - Pregnant women with depression prefer non-pharmacological treatments
  - Addresses not only depression but also parenting skills
  - That can be delivered by frontline maternal care providers
- Evidence that the intervention works and is scalable





*Responding to the challenge of adolescent  
perinatal depression (RAPiD)...*

..seeks to provide such evidence

# Responding to the challenge of adolescent perinatal depression (RAPiD)

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International Development Research Centre  
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**Canada**

# Introduction

- A Hybrid effectiveness implementation cluster randomized controlled trial
- Aim: To explore the effectiveness and utility of an intervention package specifically designed for adolescents with perinatal depression

<https://pubmed.ncbi.nlm.nih.gov/32106885/>

Gureje et al. *Trials* (2020) 21:231  
<https://doi.org/10.1186/s13063-020-4086-9>

Trials

**STUDY PROTOCOL**

**Open Access**

## Responding to the challenge of Adolescent Perinatal Depression (RAPiD): protocol for a cluster randomized hybrid trial of psychosocial intervention in primary maternal care



Oye Gureje<sup>1\*</sup> , Lola Kola<sup>1</sup>, Bibilola D. Oladeji<sup>2</sup>, Jibril Abdulmalik<sup>2</sup>, Olatunde Ayinde<sup>2</sup>, Phyllis Zelkowitz<sup>3,4</sup> and Ian Bennett<sup>5</sup>

# Study procedure

- Conducted in 28 selected primary maternal and child healthcare centres
- PHCC randomized into intervention and control (usual care arms)
- Pregnant adolescents (age < 20 years) presenting for antenatal care screened with the EPDS
- Participants are consenting adolescents with EPDS score 12 or more





# Participants

- Total sample of pregnant adolescents screened
  - 1237
- Total with moderate to severe depression
  - 223 (18.0%)
- Rate of depression by age group
  - 14-17 years- 27.9%
  - 18-20 years- 16.4%
- Differences between adolescents with perinatal depression and non-depressed pregnant adolescents
  - Younger age
  - Less likely to be living with a partner
  - They are poorer, indicated by higher rates of food insecurity




RESEARCH ARTICLE

Open Access

# Stigma and utilization of treatment for adolescent perinatal depression in Ibadan Nigeria



Lola Kola<sup>1,2,3\*</sup> , Ian M. Bennett<sup>4,5,6,7</sup>, Amritha Bhat<sup>4</sup>, Olatunde O. Ayinde<sup>1</sup>, Bibilola D. Oladeji<sup>1</sup>, Dolapo Abiona<sup>1</sup>, Jibril Abdumalik<sup>1</sup>, Neda Faregh<sup>6,7</sup>, Pamela Y. Collins<sup>5</sup> and Oye Gureje<sup>1</sup>

[Hyperlink to study](#)

- Qualitative study to explore
  - factors associated with receiving care for adolescent perinatal depression
  - potential interventions needed to improve service utilization
- Focus group discussions, total of 6
- Purposive sample
  - ‘Adolescent mothers’ drawn from earlier RCT (EXPONATE study)- (3 FGDs)
  - Primary healthcare providers- (3 FGDs)



# Facilitators of service use

- Perceived benefits of treatment

***“...I was in a bad state when I went to the clinic... I thought my life was over. However, the more I visited the clinic and talked to the matron, the better I felt”.***

- Support from healthcare provider

***“The matron that took care of me was very nice to me...”.***

***“I went to the clinic only when I am sure [the] matron was on duty”.***



# Barriers to service use

## Negative stereotypes from providers

- ***“Those young girls are very rude and difficult to attend to. They are very disrespectful”.***
- ***“Many of these girls are irresponsible and promiscuous and do not listen to parents ...it is no wonder that they receive very little support from relatives. They need to learn the hard way.”***
- ***“Many of those girls are very dirty. When you want to examine them, they smell”.***

## Perceived stigma by adolescents

- ***“I had a bad experience one day with a nurse. She was the one that checks everyone to see if the babies are breathing, she was always rude to young people. She told me that I got pregnant when my mates were in school... I felt very worthless ..., I answered back and told her she was a bad person. I refused to let her attend to me after that day”.***





# Social support

## Disaffiliation from family

- Culturally, adolescent pregnancy is stigmatized: family disapproves of the unplanned and unwanted pregnancy
- Pregnant adolescents receive little or no support from family members
- Rejection by the child's father also common

***“My mother showed me very little support and was not happy about my pregnancy...”***



# Design of Intervention and Training

- Intervention for adolescent perinatal depression need to incorporate
  - Improving self care and hygiene
  - Support for parenting skills training and care of the newborn
  - Provide support for resolving psychosocial problems
- Training of providers
  - Directed at improving their attitude towards pregnant adolescents to reduce the negative stereotypes and stigma





# Training of providers: Format

- Didactic teaching sessions
- Group discussions
- Role play
  - Case scenarios developed to facilitate practice of the interventions







# Training of providers: Content

- Feedback on results of the FGDs and earlier findings on adolescent perinatal depression
- Adolescent development and normal adolescent behaviour
- Social implications and complications of adolescent pregnancy
- Adolescent perinatal depression
- Need for early intervention to reverse the adverse consequences
- Communicating with adolescents
- Interventions



# Interventions

## Interventions for depression

1. Psychoeducation
2. Activity scheduling
3. Problem solving treatment

## Parenting Skills Training

1. Self management
  2. Preparation for the baby
  3. Care of the newborn and infant development
  4. Responsive and nurturing parenting
- ***Supported by neighbourhood mothers***



# Intervention sessions and materials

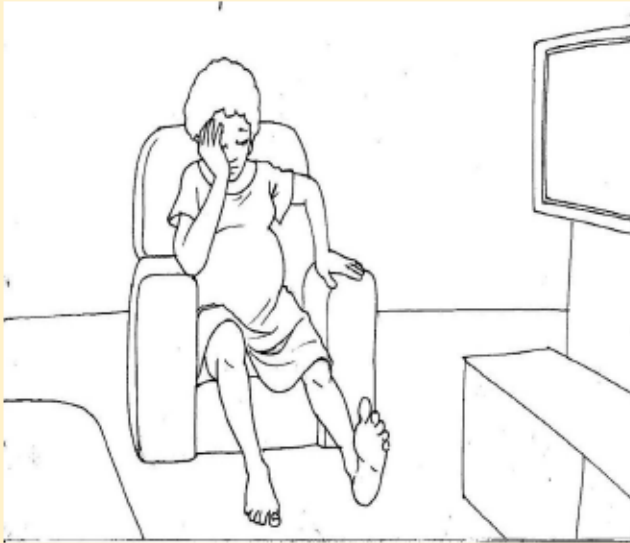
- 6 structured prenatal intervention sessions lasting 30-45 minutes
  - 1 Description of the sessions + Psychoeducation + activity scheduling
  - 2 Psychoeducation + activity scheduling + Introduction to PST + parental skills training.
  - 3-6 PST + activity scheduling + parental skills training

Additional sessions as indicated
- Detailed, illustrated manual
- Desktop chart, listing the interventions/tasks for each session with suggested sequence
- Patient information booklet with illustrations

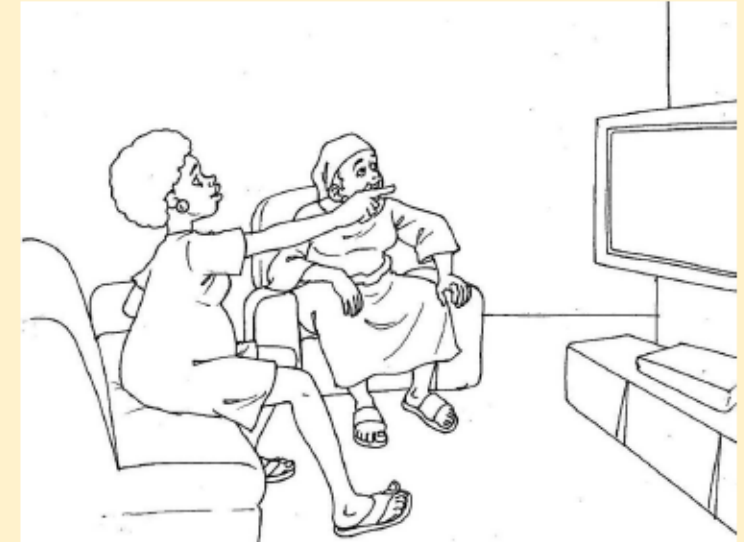


# Psychoeducation and activity scheduling

- Part of every session



General information  
about depression  
and treatment

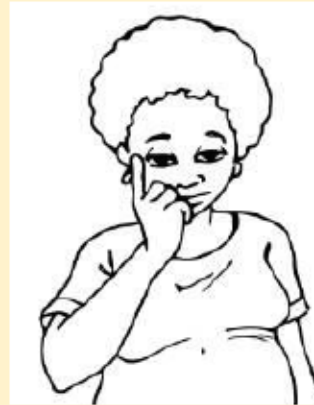


Importance of daily  
pleasurable activities



# Problem solving treatment

- 4 prenatal sessions
- Providers help the adolescents with perinatal depression identify and work through identified psychosocial problems and teach problem solving skills.



# Parenting skills training

- Starts from the second session



## 1. Self care

- Rest
- Diet
- Personal hygiene



## 2. Preparation for the baby

- Pregnancy, labour and delivery
- Baby care items



## 3. Newborn care and normal infant development



## 4. Responsive and nurturing parenting





# “Neighborhood mothers”



- Each adolescent told to identify an older woman
  - Experienced mother
  - Someone the adolescent think she could relate with to provide support with infant care
  - Willing to provide support and accessible
  - Friendly and trusted by the adolescent
- Lives or works within walking distance to the adolescent's home
- Accompanies the adolescent to the clinic and trained by PCP
- She is expected to
  - Visit the adolescent as often as possible following childbirth
  - Support the adolescent mother with self care and infant care (bathing, infant feeding and cord care)



# Case Study: A.A

- 18-year-old raised by paternal grandmother; parents separated
- Completed high school and was apprenticed to a tailor
- Father of her child is a married 23-year-old man with 2 children
- Grandmother became hostile to her after finding out she was pregnant, and literally sent her packing
- Mother and father were not willing to accept her
- EPDS at screening was 17 with suicidal ideation
- Primary care provider (PCP) worked with her to work through her differences with grandmother, and negotiate with the man to get her child support
- PCP got her a part time job in the clinic to support herself
- Continued with her training with the tailor after delivery
- PCP linked her with an individual who gave her equipment to set up on her own



# Conclusion

- This case highlights the positive changes in the providers and clinic environment
- We keep our fingers crossed that our results would provide evidence to support the effectiveness of these interventions for adolescent perinatal depression.
- Learn more in our publications:
  - [Stigma and utilization of treatment for adolescent perinatal depression in Ibadan Nigeria](#)
  - **Responding to the challenge of Adolescent Perinatal Depression (RAPiD): protocol for a cluster randomized hybrid trial of psychosocial intervention in primary maternal care** <https://pubmed.ncbi.nlm.nih.gov/32106885/>



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